

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED Liu, Shun Yin			VOUCHER NUMBER																																																																																																																																																																																												
3. MAG. DKT./DEF. NUMBER 1:08-000006-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																																																																																											
7. IN CASE/MATTER OF (Case Name) U.S. v. Liu		8. PAYMENT CATEGORY Misdemeanor		9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.M -- IMPROPER ENTRY BY ALIEN																																																																																																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS YANZA, LOUIE J. 115 HESLER PLACE, GROUND FLR. GOV. JOSEPH FLORES BLDG. HAGATNA GU 96910  Telephone Number: (671) 477-7059				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>VIRGINIA T. SKILGORE</u> 6/16/2008 Signature of Presiding Judicial Officer or By Order of the Court <u>6/16/2008</u> 5/2/2008 5/1/2008 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																																																																																													
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) MAHER YANZA FLYNN TIMBLIN LLP MAHER YANZA FLYNN TIMBLIN LLP 115 HESLER PLACE 1ST FLR GOV JOE FLORES HAGATNA GU 96910																																																																																																																																																																																																	
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